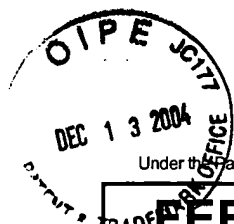


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) 577172000800											
In re Application of Steven REYNOLDS et al.													
Application Number 09/996,068		Filed November 27, 2001											
For: SYSTEM AND METHOD FOR PROVIDING AN OMNIMEDIA PACKAGE													
Art Unit 2611		Examiner Jason P. SALCE											
<p>This is a request under the provisions of 37. CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952</p> <p>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 48,040</p> <p>December 13, 2004 Date (703) 760-7769 Telephone Number</p> <p> Signature Jonathan Bockman Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of 1 forms are submitted.</p>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/996,068
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	November 27, 2001
120.00		First Named Inventor	Steven REYNOLDS
		Examiner Name	Jason P. Salce
		Art Unit	2611
		Attorney Docket No.	577172000800

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																												
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):	2. EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>100</td><td>25</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>200</td><td>100</td></tr></tbody></table> <div>Total Claims: - 20 or HP = <u> </u> x <u> </u> = <u> </u> HP= highest number of total claims paid for, if greater than 20</div> <div>Indep. Claims: - 3 or HP = <u> </u> x <u> </u> = <u> </u> HP= highest number of independent claims paid for, if greater than 3</div> <table border="1"><thead><tr><th>Multiple Dependent Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr></tbody></table> <p>Subtotal (2) \$ <u> </u></p>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	50	25	Each independent claim over 3	200	100	Multiple dependent claims	360	180	For Reissues, each claim over 20 and more than in the original patent	100	25	For Reissues, each independent claim more than in the original patent	200	100	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																							
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	45,640
Name (Print/Type)	Jonathan Bockman	Telephone	(703) 760-7769
		Date	December 13, 2004